

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			2		(1)
2		1		1		2
3		1		2		2
4		1		2		2
5		1		1		2
6		1		1		2
7		1		1	1	
8		1		2	1	
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		(1)		1
15		1		(1)		1
16	1	1		(1)		1
17		1		(1)		(1)
18		1		(1)		(1)
19		1		(1)		
20		1		(1)		
21		1		(1)		
22	1			(1)		
23		(1)		(1)		
24		1		2		
25	1			2		
26		1		2		
27		2		(1)		
28		2		(1)		
29		2		2		
30		2		2		
31		2		2		
32		2		2		
33		2		2		
34		2		2		
35		2		2		
36		2		2		
37		2		2		
38		2		2		
39		(1)		2		
40		2		2		
41		2		2		
42		2		2		
43		2		(1)		
44		2	1			
45		2		1		
46		2		1		
47		2		1		
48		2		2		
49		2		2		
50		2		2		
TOTAL IND.	3	↓	1	↓	27	↓
TOTAL DEP.	70	←	73	←	286	←
TOTAL CLAIMS	73		74		286	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2		
52	1			2		
53		1		2		
54		(1)		2		
55		1		2		
56		1		2		
57		1		2		
58		1		2		
59		1		2		
60		1		2		
61		1		2		
62		1		(1)		
63		1		(1)		
64		1		(1)		
65		1		2		
66		1		(1)		
67		1		(1)		
68		1		(1)		
69		1		(1)		
70		1		(1)		
71		1		(1)		
72		1		(1)		
73		1		(1)		
74		1		(1)		
75		1		(1)		
76		1		(1)		
77		1		(1)		
78		1		(1)		
79		1		(1)		
80		1		(1)		
81		1		(1)		
82		1		(1)		
83		1		(1)		
84		1		(1)		
85		1		(1)		
86		1		(1)		
87		1		(1)		
88		1		(1)		
89		1		(1)		
90		2		(1)		
91		1		(1)		
92		1		2		
93		1		2		
94		1		2		
95		1		2		
96		1		2		
97		1		2		
98		1		2		
99		1		2		
100		1		2		
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	51	←	71	←	286	←
TOTAL CLAIMS	52		71		293	